AZ Medicaid Technical Consortium Meeting

July 20, 2004
9:00 AM to 10:30 AM
AHCCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

Meeting Hosted By: Lori Petre, AHCCCS

Attendees:

(Based on sign-in sheets)

ADHS	*MaryKay McDaniel*	*Cathy Jackson-Smith*
Jeanine Baer	*Marna Richmond*	*Anne Romer*
Thomas Browning	*Lydia Ruiz*	*Art Schenkman*
Lee Cisney	*Marsha Solomon*	**Maricopa**
Jerri Gray	*Nancy Upchurch*	*Dave Abraham*
Jeannette Heller	**APIPA**	**Pinal LTC**
Hugh Doctorman	*Sharon Zamorra*	*Grace Palmer*
C.J. Major	**Care1st Arizona**	**PHP**
Susan Ross	*Anna Castaneda*	*Greg Lucas*
Sharon Simpson	*Bill Hobbs*	**PHS**
AHCCCS	*Michael Borsseau*	*Mark Hart*
Dick Azzi	**DES**	**UFC**
Deborah Burrell	*Marcella Gonzalez*	*Eric Nichols*
Barbara Butler	*Major Williams*	*Kathy Steiner*
Melonie Carnegie	*Nicole Yarborough*	**United Drugs**
Deborah Copeland	**Healthchoice AZ**	*Rand Skelton*
Michelle Dillon	*Mark Messer*	**Verizon**
Patti Goodwin	*Mike Uchrin*	*Larry Bryce*
Chris Herrick	**HCSD**	**Yavapai County**
Dennis Koch	*Michael Wells*	*Dave Soderberg*
Dan Lippert	**MCP & Schaller**	

1

Welcome (Lori Petre)

I think we're going to go ahead and get started. Thank you for agreeing to come here this morning. It can get quite hot in the afternoon here due to the energy conservation measures. Thank you for rearranging your schedules.

We have a new minute taker, and Nancy wanted me to remind you to speak up so we don't miss any of your questions.

We're going to start with a TPL Validation Pilot Overview presentation by Kelly Gerard. You will find a copy of the presentation directly behind the minutes in your packet. We wanted to make sure you all had the latest and the greatest. We will also publish it to the website so everyone can review it.

TPL VALIDATION PILOT TECHNICAL OVERVIEW

KELLY GERARD: At the Quarterly Encounter meeting that was held about three weeks ago I believe Kathy Bezon gave a high level presentation or at least an overview and I know there was questions at that time by several members at that meeting. I wasn't there so I have put together a high level, but more technical presentation to give you an idea of what this TPL Pilot is and how we're going to handle it. What I can handle or address is the technical details, not the policy changes. That I will leave to the people who have that. If you want to open the packet to the dataflow we'll walk through that quickly. Right now the TPL Verification Pilot is a one year pilot. That's all we have it funded for. They will do studies and cost benefit analyses to determine if this is a cost effective way to go about getting better TPL data for us and for you as well.

Right now we get TPL data in from several sources. From DES and Social Security, from Long Term Care Eligibility people and also from the Health Plans, some by paper and some electronically submitted. As you see, we get TPL data in from a lot of sources. Today that is fed into a file that we share that information. We do not say how valid it is, there is no process or checking on it. Today, we just send it out to you on a daily basis on the TPL file that is pulled from the VPN server.

The process coming in won't change too much. They will still send us information on a daily basis. We will relax some of our input edits. Right now we have quite a few edits that are required as far as the data content. We will be relaxing that. We will require the Carrier Name, the Policy Holder Name, and either the Policy Holder SSN or the Policy Number. Carrier Address, all of those requirements will be relaxed as part of this project.

Our goal is to get more information in to us. We will be taking that information and sending it to our TPL contractor on a daily basis, so anything that comes in during the day, what we call TPL referrals will be sent out to our contractor that night. Our contractor has told us there will be a 24-48 hour turn around. They will let us know if this policy is a valid policy or not. If it is a valid policy they will update the data fields that are incorrect or missing. That will be fed back to us. If it is not valid, they couldn't find a policy for this person they'll tell us about those also. When we receive that information from our contractor, we will update our TPL files. We will be able to identify the TPL for a member that is verified and valid. The TPL that is in the referral process or the TPL data that is not valid, that we attempted to verify but that they could not find a policy for that person.

When the TPL comes back to us from our contractor we will be adding a process. Today you get a daily TPL file. You will pull it from the VPN server in the same way, but that file will now contain only verified TPL data. You will not get the invalid on that file. When we get verified TPL information back we will also be notifying the Eligibility source for that member. Therefore, if DES determined eligibility on that person, we will notify not only the Healthplan they are involved with, but also the eligibility agency will be notified.

If a Health plan refers a TPL to us that comes back to us invalid, we are adding a new file to provide that information back to you. That way you will have feedback on those that are verified and those that are invalid.

2

Our Claims Processing, Encounters Processing, our verification method, MEVS, IVR, Web, and our Com Center will be providing verified information only, or verified TPL. If it is in the process of verification, we will not be giving that information back as we don't know whether its valid or not. If it is invalid we will not send that information back to whoever is requesting the verification. Claims and Encounters will be reading that file and looking at the status to see whether the TPL is verified, pended, or referred to determine their processing rules.

That is the process in a nutshell. Does anybody have any questions?

Q: Will the eligibility file and 834 be updated when you verify the TPL information?
A: The 834 contains minimal data elements on the TPL. When we send back on an enrollment, disenrollment, or TPL change, just as today, you will get only the verified information on the 834. But you will get more information on the separate proprietary TPL file on the same day.

Q: Who is your Contractor?
A: PCG- The Public Consulting Group. They have been working with us on other TPL projects.

Q: What other plans are sending data electronically and do we still do that?
A: Yes, few plans are sending the TPL data electronically. We are encouraging everybody to send it to us electronically instead of by paper. The manual entry process is very time consuming and the staff that does that is trying to get out of that as we do have the electronic process in place. So yes, we would like that to continue on a daily or weekly basis, however each Plan wants to set that up. We don't have a required submission timeframe.

Q: Right now we do it electronically; we don't get any updates if it is unverified.
A: On the verified once we update it to our database and send it for the referral, if it comes back verified, that's when you'll get the update, or on the new file with the invalids.

Q: Right now we just get it daily. It doesn't matter whether its verified or not.
A: True. What you get today is not whether its good or not, its whether it passed the edits.

Q: And that would not be returned to us the very next day?
A: Right. 24-48 hours is what we've been told. Once we get this up and running we'll get a timeframe for the volume and how they're going to handle that.

Q: Will there be something to verify that the source of the TPL referral is notified of the verified data. Will there be files to tell them whether it has been verified?
A: Today's TPL process is not the best and I understand what you're saying. Today if there's Enrollment activity, Disenrollment Activity or any kind of change to a TPL record it is being sent to you. There are several triggers that send that TPL information to you. Part of this project is to clean that up so that you don't get the same record time after time after time. You will get the record on an Enrollment, on a Disenrollment or when that specific TPL is either updated or changed. But we do not have a process right now to identify which field changed. That will be cleaned up so that when you receive it again, something on that record did change.

Q: I noticed in this documentation received through email that for the original set of information will be sent over for our current client that has eligibility and those that had it up to one year in the past. Do you know why they chose one year? I'm a little bit concerned that if we got these encounters that fall outside of that period and there is an investment or something we may run into problems.
A: That was an item negotiated between the TPL workgroup and the contractor that is something that the contractor today does with other organizations and states. That is their parameters. They will go back up to one year after they are no longer eligible to provide us verified TPL. As far as your question, I don't know, that is more the policy on when encounters are accepted or not.

Q: Will there be something in the TPL files as to whether it is Medical or prescription?

A: Right now the Pilot will only be medical. It will not include Specialty only policies, Vision, Dental, Cancer, any specialty policies will not be included in this Pilot. It is anticipated that if this Pilot becomes a permanent process, at that time they will renegotiate and look at expanding the different coverage types and identifying those as different. Right now it's a medical policy.

I know there are issues with that, but right now that is the decision made by the Workgroup. Anybody else?

Really briefly, I included some layouts so that you will have these. I know the Health plan TPL file went out to all the plans about 3 years ago when it was first introduced. I know some of you were not here at that time and priorities have changed. So I'm putting this back out again. I'm also working on getting it updated and posted onto the website so that you have it available there.

Basically, on the electronic submissions of TPL records that you sent in to us; again, if you want to send it daily or weekly, we don't have a problem. We will pull in whatever data is sent to us daily and get it into the verification process. There is a header record that you send to us, a detail record and a footer record. It is very basic, I think all the fields are self explanatory. Again, as I said, the required data fields to submit to the carrier, we need Carrier Name, Policy Holder Name and either the Policy Number or the SSN. All the other fields other than AHCCCS ID and the demographics are optional. The TPL data, the street name, city, state, address, Tel. Number, Policy begin and end date, those will be optional. So if you don't have them, if you submit just the basic information, our contractor can contact the carrier directly or verify it with their files.

Q: Will how submitting electronic files change?
A: No change. They're just getting this back out and discussing that. This process is available and we're encouraging everybody to use it.

The next page is the current proprietary file that we send out on a daily basis. This file is what you get in addition to the 834 on a daily basis. We are not changing it. The only thing we're changing is we will only send valid and verified TPL information.

Q: This is not until October?
A: Not until October.

The next page is a new file. This is a new file we will be sending out to you. This will contain the invalid. We will take the data that you sent to us and let you know that this has not been verified, or could not be verified, or it is not valid. That way you are aware that we have not updated this record to our system and this was not part of our verified TPL database. Not all of these fields will be filled in because if it doesn't come in to us we can't give it back out.

Q: Do you have a hard date set yet in October?
A: Our planned implementation is right before the last daily in September, September 29th. That is the planned implementation date right now.

Q: When will the Health Plans expect to receive the full receipt files?
A: I'll address that in a minute.

The other piece of the project is that we are trying to create and maintain a master carrier file so that we will be able to maintain in our reference system a carrier name that is a common carrier name that everyone uses. Blue Cross/Blue Shield can come to us in 50 different iterations. We're trying to get a master carrier file created with our contractor so that we can use the appropriate, full name. That way we'll be able to match up and make sure we're talking about the same company, same policy at the same time.

We are developing a new reference table. We are working with our contractor. They will take our existing reference table that is being used by a couple of our eligibility groups and validate what's on there and expand.

Once we receive that file back (anticipated before Oct. 1st), we will share that file with you. That way we will have a common naming convention. We have a carrier number that is not tied to any process right now that will be assigned to that carrier. That is simply an internal reference. I know in the future we'll have a National ID number assigned. That is not in any reference what we have right now. But know that that is coming.

Once the file comes back from our contractor we'll send out a notification, put it out on the VPN server for you to pull down to utilize in a fashion most suited to your business needs. We will try to share with you that information, the carriers and the billing addresses that are provided to us, etc.

Q: On that Master Carrier file what type of fields will it include? What type of coverage?
A: Again, its just going to be the medical. Some of this we are trying to set up for the future. Since we're building a new file, we'll have that set up for expansion at a later date.

Q: How often will it be updated?
A: Right now we're looking at a monthly update. We're not sure how often it needs to be updated, we're going to play it by ear. Right now we're looking at monthly. If we have a lot more activity, we can do it more frequently. But right now its monthly.

The back page is the VPN server folders. I gave you a quick look at where you can find the Health Plan folders. We will be testing with the Plans during this process and I will give you those dates once we have them down solid. Our test data will go into the test folders. Once we bring this into production, then the process will be moved and we expect you to pull the information from the Prod folder or place it into the Prod folders if you're submitting the TPL information. We're looking at putting the Master Carrier file out on the shared info folder so that you will all have access to that. Today you already have access to some of the reference tables there.

As part of this Pilot Projects we have sent to our contractor all of the TPL data we had on our database for all our members who are currently eligible or were eligible sometime in the past 12 months. That file was sent to our TPL contractor last week. They are in the process of verifying the 130,000 records on that file. That is what we are calling our "Initial Verification File." It will be coming back to us from our contractor and we will be updating it. That will be our first piece of starting to get valid information. I do not know when I will get that file back. Its anticipated it will be back by October 1st or by the time we implement. They needed about a sixty day timeframe to go through that data. We have been collecting TPL information since that file was sent. We will send another one in the beginning of August, the beginning of September and the beginning of October. Hopefully, we'll get all this information updated to our database right after the implementation.

The next three monthly files will be smaller and the turn around will be much quicker. When we decide to update the big files, we will let you know. We will create a Master File in the same format as you're getting today. We will separate that run out so that you know that this file is all verified data. That way you don't have a mixture in between the time we implement and the time we update the TPL information if we do it ahead of time. We will schedule that with you and send you a date when we will update all the files. That will be the starting point of verified information. You can then plan around that on how you use this data with the data you have in your systems.

The process won't change once we implement as far as when you get TPL information again. Hopefully it will be cleaned up and you won't get the same repetition time after time after time. That should be improved. You will continue to get it on the monthly 834 and the proprietary file. That shouldn't change.

Any further questions?

Ok, I'm going to ask for each plan to send me the name of a contact and that we will have for each plan one name that I can contact to provide additional information and updates. If I can have that person's name in the next couple weeks I'd really appreciate it. Let me give you my email address; I realize I didn't put it on here and I apologize for that. My email address is kmgerard@ahcccs.state.az.us. If everyone will cooperate and let me know who that contact is, we can make sure everyone remains in the loop. Any future plans I can make them aware of any last minute changes of when to expect test files, etc. Hopefully we don't have to make any. If you have any further questions you can submit them to that email address. Any questions that come to me by email I will gather in one document. That way we can share them globally. Maybe one plan's question can be answered by another plan without having to submit the same question. We'll try to coordinate that.

Q: Just for clarification you want this contact to be from the technical field?
A: Preferably, but if you assign a business analyst or somebody else that will be a go-between on your side, that's no problem.

Thank you very much.

Follow-up

Outpatient Hospital Payment Fee Schedule (Lori Petre)

We just wanted to provide a little bit of follow-up. The Outpatient Milestones is again attached just for your reference. There is no Outpatient Meeting today, which would normally be following this one. However, the next meeting is on August 4th, whereas the Consortium is not meeting on the 4th
We are on schedule with what is stated in the Milestones Chart. The System Proposals are currently being drafted. We hope to have those available for release in the next week or so. We will certainly share those goals with our key contacts from this group and those contacts that have been established for the Outpatient Group.

BBA Data Certification (Dennis Koch)

I want to thank you for your cooperation and patience concerning this BBA process. Mainly the process that we've set up seems to be working somewhat well for now. We are re-testing a lot of the areas of the BBA process. We've found that items such as pulling for NCPDP files has an issue so we're looking into that. Hopefully, we can get most of the internal testing done in the next week or so. I can't guarantee you but hopefully by the August cycle we'll get all the BBA issues wrapped up. That's what we're looking at. It works in general for the most part, but there are still little glitches here and there that we have to figure out and resolve. That's really about it.

The only thing I know right now that is really a problem is the NCPDP. It picks the file up but doesn't move it out once it gets certified. So we're looking into why its not moving the NCPDP files through the process. The proprietary files seem to be working, so are the X12 versions of the files. But we need to look at and review them all, to make sure all the email processes work for all the different file structures that we deal with. Any questions so far on NCPDP or BBA? Any issues?

Lori Petre – Just a reminder that, in production you aren't getting any automated emails from BBA back currently because we're manually exercising that process. In test, they are still running that process, and they're executing a Test Plan to test out the fixes that have been received from Mercator. One of the issues they discovered had to do with the Oracle database itself. If you see a test file pop up briefly in your FTP outbound folder and you didn't send it in, don't worry about it, it may be that the Applications Staff are conducting some volume testing.

Lori Petre – We'll make sure it doesn't go anyplace. They try to get on top of them right away. But if you happen to catch it at the right time and you think "You know, I didn't send a file today," it's

because in order to exercise these tests, they sometimes need to use live data. They will be pulling some proprietary files from production, also, as we want to make sure it will work through both processes simultaneously.

If at any point you do have questions, since we aren't sending an email back to the BBA in production, they are maintaining a spreadsheet that they send me of what has come in and what its disposition is. If you have a question concerning that we do have it tracked through another medium. Do let us know, we can certainly share that with you.

Encounters 837/277U (Lori Petre)

Brent's not here today, so I was telling Lydia they're going to have lots of questions and you'll have to answer all of them. So, think of some tough questions for Lydia Ruiz. On the Encounters 837/277 testing continues. The databases were refreshed last week. That means that we did null load the Encounter data as discussed in the last meeting. In looking at it, we discovered that it had been since February that we refreshed Recipient and Provider and some of the reference files. We went ahead and brought those all up, so they were current as of last week, also. Now it matches production. If you have any questions or problems with that, please let us know.

Q: On dealing with other insurance, our system wouldn't store all the identification other than what the other insurance gave us. That's it. We can convey that option if you need it to test, other than that, other ancillary stuff if it was valid, so is it ok if I fake it?
Lori Petre - Lydia, have you talked at all about this?
A: Lydia Ruiz – I don't have any preferences. Typically, in 837, if they're looking for specific data in those transactions…I'm assuming you're talking about names, and the addresses and such?
Q: Carrier Id, that stuff.
A: Mary Kay McDaniel - We have to have all of it to make it a valid transaction or else it would kick.

ACTION ITEM: Brent Ratterree
Find out what information is absolutely necessary to create a valid 837 transaction file concerning TPLs.

Q: We're in the same boat.
A: Mary Kay McDaniel – Do you split it out?
Q: Other insurance 1 and Other insurance 2.
A: Mary Kay McDaniel – and other than that you don't know the name of it? You don't know the policy owner? You don't know…
Q: There's no need for it. You're paid at that point.

Lori Petre – Even our FFS Claims process is like that. A lot of times some of that data is available in documentation that may have come with the claim, but ours is very similar.

Health Plan – But that issue is what's holding us up. We are spending all of our time and money on how to do that one little piece.
Health Plan – Most Plans don't even have an Insured's Master File that we can use.
Mary Kay McDaniel – You don't use currently another insured's file? Patient Bio?
Health Plan – We do have the data, it's getting it out of that daily report that's holding us up.
Health Plan – I think it's the insurance policy where the member gets or matches, we'll volunteer that, we know that.
Mary Kay McDaniel – There you have a Master Carrier problem.

Lori Petre – That will address a lot of the longer-term issues. Your point of trying to get past the current stage may be something we need to take and talk with Brent a little more about.

ACTION ITEM – Brent Ratterree
Look into how Health Plans can attain the verified TPL information such as correct Carrier names in the allotted submission time.

Mary Kay McDaniel – There is a lot of data that has to be in the envelope of the transaction to make it pass.

Lori Petre – We'll take these concerns back. Lydia Ruiz has heard them, and we will reflect them as an action item to follow up with Brent.

Q: Since we're not ready to submit 837s quite yet, how far back can we go prior to the cut off date?
A: ADHS is submitting encounters back to October. Both CRS and BHS. There's certainly not a problem with that. That is certainly not a problem, whatever works best individually for each plan is fine.

Contingency Planning

I wanted to talk a little about Contingency Planning. I've spoken with Shelly and Brent, and we've spoken with Kari Price at some length about Contingency Planning. They would like me at this point to discourage Health Plans from submitting Contingency Plans for the Encounter transactions. Their thinking is that because it is Date-of-Service-based, you actually have quite a while before they'd expect to see those, anyway. We will talk about this at more length, probably in September. They'll work with those plans that don't think that they'll be able to comply with the 7/1 date of service submission window within a reasonable timeframe. Part of it is defining that 'reasonable timeframe'. They will address this at that point. They are also looking at a more individualized contingency plan. Whereas with the 834 and the 820 we did things like 'you can keep getting the current format so long as you're under a Contingency Plan.' They aren't entirely sure that under Encounters that a Contingency Plan would say 'you can submit Encounters with dates of service of after 7/1 in the old format', as much as that will say 'We'll give you longer to submit them.' They have a lot of decisions to make. So, until then, I don't have a lot to tell you other than you don't have to worry about doing these yet. Hopefully either Shelley or Brent will be able to talk about this a little more in the next Consortium meeting. I know that Shelley was going to talk a little about it in the CEO meeting. So, you may hear a little bit about it from that avenue.

Q: Could you go over the current status of how Production is going? As far as submitting encounters? Are they going smoothly?
A: We are in production now with BHS, CRS and DES-DD-CMDP. They can certainly share a little bit about how its gone for them. Its not exactly the same for all three, that's why I wouldn't want to make a global statement. The interesting thing is the three sister agencies all run fairly unique programs. Even unique from what the Health Plans do. But can certainly share a little bit about where they think they are.

CJ Major– We've had about 3%, 3.5% pend rate on I guess now over 2.5 million encounters. For the month of October through March so far. We didn't submit encounters for October to current until AHCCCS could accept 837s. I think the bulk of our issues today are not so much HIPAA related but part of the VPN management features. We went from a single TSN to multiples. We also had a Health Plan change. Again, most of the issues we had revolve around that. We have one file process two times. The volume, obviously we were sending three months at a time, which stressed both systems.

Lori Petre – They have been a good one to go first because they did have a lot of these unique issues. And their volumes were of significant levels where it did show a lot of those things.

CJ Major - We identified the technology we needed to identify. We did have some issues with the first 824 run of May 24 that didn't show up. That was one that kind of got stuck in a loop. We had an 824 with the same information like fifteen times.

Lori Petre – That was for the June cycle.

CJ Major – I can't comment on the 824 on the second one, because we didn't get any.

Dennis Koch – We fixed the looping thing.

Q: If we submit one transaction set with 1000 encounters, we get back three acknowledgements. Can we bypass the three and get just one?
A: Marsha Solomon – Is that something that we're doing by splitting the files and putting them back together?
Q: On one transaction set we get 2 997s and one 824.
A: Marsha Solomon – We're trying to refine the file splitting. That way you don't have to split some of these larger files. Larger files ends up split into smaller files.
Q: At what size do they split these?
A: Marsha Solomon - About a quarter of a million encounters or 250 mg.
A: Dennis Koch - So split the file over 25 mg. We'll split it in the ST loop. What we're asking then if you're sending a file over 25 mg, then send a maximum of 50 ST loops in the file, with 5000 Encounters per ST loop. That should be ok.

Lori Petre – We have that all in an email. I can certainly send that back out again.

Q: We're sending one ST loop with 1000 Encounters. So what you're saying is, that's what you're trying we should stop.
A: Marsha Solomon – Right, that's what we're trying to stop.
Q: As long as we keep sending them.

Lori Petre – You should be okay in the long run, once they get this correction in. Dennis, how close are they on that? Do you know where that is in the plan?

CJ Major – I didn't see that in our files. We got one 997 back for each of our files. And most of our files run about 200 mg, 200 and a half.
Dennis Koch – Your files are still so large, we're still running those by hand.
Lori Petre – They pretty much individually do your files while they're getting some of those kinks worked out. You're special in a good way.

ACTION ITEM – Dennis Koch
Look into where we are on fix for large files …

CRS: Any issues we've had, we've been working well together and they've been resolved.

Dennis Koch – We are working on the files that split the 277Us. I know some of the Health Plans have been getting some large 277Us. We're working on a plan to fix that.
Lori Petre – An option to allow that. That's an issue that DES, that definitely we're sending back to them.

Major or Marcella do you have anything from your experiences?

Marcella – Our volume is not big. In general, there are a couple of circumstances or exceptions to two separate files. One was an institutional where we got an 824 for one event. We expected the remainder of that process, but then the whole file didn't make it through. It works correctly in Test. And one is just a data issue on our side. We are going to have to screen for our issues with the diag pointers. So we're having to screen for that. It's a very rare circumstance. Otherwise the pend rates is considered good as your prior version…actually a little better.

Encounters NCPDP
We sent out the examples which Mary Kay corrected. Any of you who followed the example got pends back on your pharmacy files, so we do apologize for that. Hopefully everyone got the corrected examples for the modified 3.2.

Again, contingency planning on NCPDP are something we want to look at in the future.

Lori Petre – Anything else, Mary Kay?

Q: Just want to clarify. If you send in a Pharmacy record and you haven't by that time validated that member has COB, and we do not have COB in our records, it will pend or deny?
Lori Petre – Do you want to answer that, Lydia?
A: (Lydia Ruiz) Doesn't it come back to you? No, we don't edit for COB.
Lori Petre – It depends on how you set up your editing.

The only other thing I want to make sure everyone knows on Encounters and just to clarify this a little bit, we had some questions. What we've said all along is, Encounters with Dates of Service after 7/1 cannot be submitted on the proprietary format. There is an edit in the BBA process that will edit for those, which IPA unfortunately found with a database problem with Oracle (the base date). It was picking up something incorrectly. However, it uses Beginning Date of Service. If you have a DOS that starts say 6/25, and goes to 7/5, that can be submitted on either. We wanted to make sure to clarify that with everyone.

Q: Last time we were here we it was mentioned we might be able to have DEA numbers for Prescribing Provider Ids. Have you heard anything on that?
A: I have not heard anything back. I went through the open action items. There are a couple that are open to Brent and one is on the Prescribing Provider ID and that DEA number. Technically, from a system perspective, it is conceivable. There are structures in place where we could do so, we just haven't gotten that follow-up request from the customer to do so.

There is an open question about legislation for claims submissions going to 12 months vs. your Encounters submissions, which is 8. I still show that as outstanding, also.

Health Plan: The long term Pharmacy solution, because it doesn't appear it would benefit some Health Plans to ever move off the custom program.
Lori Petre – The direction that you go with the transactions is really a business decision. What we are doing is moving forward and working with ADHS on a 5.1 solution to meet their business needs that will be made available to everyone else. I do not know if Lydia knows any better what their plans are for mandating switching folks from one to the other, whether or not they will do that, or they'll look at going to the next iteration. NCPDP is sort of a mixed bag. Depending on who you talk to, they tell you they're shocked we're trying to use it for Encounters, or others say you can use it, you just do this and this. So that really is very much a business decision. We can take this back to Brent and ask that maybe he talk a little about that in our next meeting.
Q: What it says in here, 5.1 it's a proprietary 5.1 that mixes response and request.
A: We've tried to mitigate that as much as possible. The transaction isn't fully intended for what we're trying to use it for.
Q: There are other indices that the reporting that you're going to give back to us is going to be based on 3.2
A: Actually the reporting that is coming back is proprietary, not based on 3.2 or 5.1. It goes through current syntax and current reporting and it doesn't have the current acknowledgement structures. Certainly we'll add that perhaps Brent and/or Shelley be able to talk a little bit more about their future vision of these things.

ACTION ITEM – Brent Ratterree
Look into business plan concerning NCPDP versions, etc

Mary Kay McDaniel – I would strongly encourage participation in workgroup 90, NCPDP posted in June explains the information file that they're working on. Don Parsons at NCPDP is generally working on claims and encounters.

Lori Petre – We're trying very much to become more involved in those workgroups. Trying to make sure we have more of a role. I don't know if you're ready to talk to them about the DSMO request that we're going to put in for some additional values for the 834. Maybe next time?

Mary Kay McDaniel – One of the things that we had done on the 834 workgroup on the 2300 loop. We're going to add specific program type values. But there's a new one in October, called AZ EIP. Arizona Early Intervention Program. When you look at the 2300 loop, when you look at values, there's nothing that actually fits with what that program is. So we'll have the value, but not necessarily correct. The other thing we talked about is actual diagnosis codes on an 824. Currently Dave is watching these. We might use this for pregnancy or other chronic conditions that AHCCCS actually could apply on this file

Upcoming Meetings/Meeting Topics

The next meeting of this group is August 25, 2004. It is currently scheduled for 2-3:30 pm in this room. If we still do not have air conditioning, we will not be having it in the afternoon and I will be rescheduling it in the morning. We're hoping to have air conditioning by then. As I said, the meeting originally scheduled for the 4th has been cancelled. However, there is still an Outpatient meeting on that date, where there is no Outpatient meeting today.

Q: Can you maybe put up a meeting request to talk about member ID?
A: Yes. We can certainly.
Q: How will we do that? It seems as though the right people aren't there.
A: We will make sure that that is on the agenda and the appropriate people are here.

ACTION ITEM – Dennis Koch
Speak about Member ID.

Petre – I have a paragraph I can share with everyone. You sent me something when we got a question from Sharon at APIPA last month. So I have some information I can share with everyone based upon our answer to Sharon's question. I'll send that out to everyone as a pre to that meeting and then we can talk about it.

Anything else? Ok! Let's get you out of here before it starts getting warm.

11